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## MEDICAL SCHOOLS

AND

## THEIR RELATIONS TO THE PROFESSION.



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MEDICAL SCHOOLS AND THEIR RELATIONS TO THE  
PROFESSION.



Medical Schools and the Medical Profession sustain to each other relations of mutual dependence. The interests of the one cannot be entirely separated from the other. But which is paramount in importance before the community? Shall the Profession control the Schools, or the Schools control the Profession?

It may be well to notice the different classes of Medical Schools. First, those organized by individual enterprise for private profit. Second, those of a more public character, as where connected with institutions of learning, sustained in part or wholly by endowment, or public funds, as with Colleges and State Universities. Upon the question of the supporting of Professional Schools of any kind by the State, we say nothing.

The "cramming" system, as it is familiarly called, still prevails in most of the schools in the United States. The pecuniary condition of the larger number of students has afforded some excuse for its continuance. The present plan of instruction in the Medical Department of Harvard University well represents the opposite course, and if necessarily more expensive, is far better. Harvard also gives notice that with September, 1877, Preliminary Examinations of Medical Students will be required.

Preliminary education, or what standard ought to be adopted upon the subject, by the Profession and the Schools, may well engage our attention. Here is doubtless one of the great obstacles in the way of the future elevation and usefulness of the profession. Much has been said, written and more realized upon the lamentable fact, that there is not any practical agreement between the Profession and Schools, as to what shall be required as a preliminary qualification. Different Schools differ to some extent upon the subject. The American Medical Association has urged the establishment of a higher standard of Preliminary and Medical Education, but it cannot be denied that in many if not a majority, of the

schools of this country, little or no attention is paid to the subject of any preliminary education as a necessary requisite condition of entering and even graduating creditably, if not with high honors at such schools! As honest, working members of the Profession we may well blush at such an admission, but who can deny its general truth?

Who are chiefly responsible for the present low state of Medical Education? Evidently the Profession. Almost every student commences with some individual practitioner, and frequently by the advice and solicitation of such physician. Why does a physician often receive a student into his office and family? Is it because he knows the individual to possess a good moral character and the requisite preliminary education, or, because it is convenient and profitable to have some one in his office, perhaps to take care of the Doctor's horse, do chores, and, in short, to make himself generally useful! Possibly some members of this society, if placed upon the witness stand, could tell of similar instances—always, of course, in the case of others!

If a manufacturer is furnished with good raw material he is reasonably expected to produce a good manufactured article. If the raw material is defective, or is badly worked, he will as surely produce a bad article—perhaps a cheat. Can individual members of the profession divest themselves of a large share of the responsibility for the inferior quality of the raw material furnished the schools, to be “ground out” into model doctors? We would go still further, and say that any physician who will aid or encourage any one to become a student of medicine, without knowing such individual to possess the proper preliminary qualifications as to character, education and ability, is an unworthy member of the profession.

What can we do to elevate the standard of preliminary education? This society can speak so loud here to-day that all the schools in this State and vicinity will hear it—and will heed it, too. Dare we do it? Will we do it so that our utterance shall give no uncertain sound upon the subject? We can at least pass a resolution that it is the sense of this society that no student shall be admitted into the office of any physician without a reasonable assurance as to the possession of a good moral character and general education, and that no student should be admitted to a medical school without a preliminary examination as to the like qualifications. The preparation to include at least a fair knowledge of English common

school branches, natural sciences, mathematics, and some elementary knowledge of Latin or one of the modern languages, as German or French. Without a good English education a medical man will often appear to the great disadvantage of himself and discredit of his profession. We are often judged as a class or genus, and that too by the example of an ignorant, if not otherwise unworthy member. We cannot afford to help to continue such a state of things. The good English education—the more complete the better—should be insisted upon as a preliminary to entering any school recognized by the profession. Resolutions amount to but little unless sustained by the public sentiment of the profession.

How can the present low standard of education be remedied? Only by the active and hearty co-operation of the profession and the schools. The want of such co-operation in the future will continue to produce the results of the past—perhaps in an aggravated degree.

One other question may well engage the attention of the profession, viz: The appointment of Medical Professors in schools sustained at the public expense. The qualifications of professors deeply concerns the profession and community. In many cases a Board of Trustees who are politically appointed, make the choice. Physicians might prefer the judgment of a body of high-minded, well educated and experienced practitioners. In some of the best schools of Europe it has long been the custom to decide professorships by thorough competitive examinations. This course may have had some influence in the high reputation of such schools. In at least one of the oldest and ablest institutions of learning in this country, the Medical Professors are first nominated by a committee of physicians appointed by the State Medical Society for that purpose, and from such nominations the Trustees elect Professors.

It may be urged that giving the profession some voice in the management of the schools would be introducing an element into State Societies that would lead to individual combinations for professorships. The usual attendance and character of members might be some guarantee against such abuse. If feasible in our State, some such system might be productive of happy results. No one can yet foresee the effect of the conflict and claims of different "pathies" before the General Assembly and the Regents. Practical co-operation of the schools in some form, with the profession, will greatly increase confidence in such schools.

Objections may be made to any such union of action with the profession, but open opposition from the schools

will not come with a good grace, as it is hardly to be expected that any Faculty, however able, will claim to embody within its members all the culture, experience and ability of the profession. No class of men will be bold enough to do that, yet is not the profession practically ignored by most of the schools? Professors, if well qualified, will always be honored and respected.

In the institution already referred to, there is also an examining committee—not merely a visiting committee—equal in numbers with the professors, also appointed by the State Medical Society, and who assist in the final examination of candidates for graduation, and have an equal vote with the professors. If something similar could be adopted in every school, we should hear less complaint. It could never harm a good school.

The abuse of the Diploma merits attention. Physicians of eminence think the present plan of granting diplomas injures the schools, by causing a greater demand for cheap lectures and diplomas, than for sound medical instruction. In a legal point of view, the Schools are above and independent of the Profession, being empowered, in most cases, to grant diplomas without allowing the Profession any voice as to the fitness of candidates. They can even sell diplomas to knaves, if so disposed.

If the Diploma has been abused by the schools and by imposters, it has also been greatly misused by the Profession. In invariably accepting it as evidence of qualifications, the profession is at fault. Such a course lessens the sense of individual responsibility that members of the profession and of societies should feel as to whom they recognize as worthy brethren.

It is humiliating to realize that the mass of the community hardly make any distinction between the quack and the skillful practitioner. There are various causes for this, prominent among which is the abuse of the Diploma. Are the people so indifferent, or is it owing largely to the manner in which they learn to regard the holders of Diplomas? With us the Diploma may be said to make the Doctor. No examination by medical experts is required as a test of professional ability. Any Diploma is good. It may be obtained by years of study, or by fraud. Such a public sentiment must injure the profession, and we alone can correct this public sentiment.

A brief comparison of the methods of the professions of Law, Theology and Medicine affords some hints. In most cases, before a man is admitted to practice Law,

the public knows that he is examined by the court or by experts in law, appointed by the court. No religious denomination accepts the graduate of any Theological School without a nominal examination of the candidate as to his qualifications. The community are impressed by such forms and ceremonies that their interests are safer in the hands of men who are careful about whom they admit to their ranks. When it was the custom of medical societies to have a Board of Censors to examine all candidates proposed as members, the profession was more highly respected than now. The people may respect a profession just as it appears to respect itself.

There is no real antagonism between the profession and well conducted schools, but all must admit that there are peculiar temptations for the schools to relax the rigor that ought to be exercised in admitting and graduating students. The rivalry of neighboring schools as to numbers and outward success, to say nothing of pecuniary considerations stands in the way of thorough medical instruction. The profession, if represented by a committee in the admission and graduation of students and in the appointment of professors, would afford a wholesome check upon the schools, and give a healthy stimulus to the profession. It would be a constant reminder of the mutual relation and dependence upon each other, and could not but be productive of good to all concerned.

If the profession can have some voice or influence in future in the admission and graduation of students, that may suffice; but in the present low state in which the profession is held by the masses, will not medical societies do wisely to discard Diplomas of applicants for membership, until an examination by experts shall satisfy the society of their fitness? Such a course will tend to show the difference in qualifications of graduates from different schools, and thus stimulate all schools to a higher standard. The effect of a Board of Censors will be better than passive yielding to any school. More complete organization will greatly strengthen the profession.

We should endeavor to increase the number and efficiency of local societies. Every county and town containing not less than three upright and qualified physicians, should have a Medical Association, with regular meetings annually, and as much oftener as possible. All will be better for attending such meetings.

Do not be in a hurry as to new members. Be careful. If there is any question as to the fitness of any applicant for membership, better postpone final action until anoth-

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er meeting, or even longer, rather than run any risk. It is much easier to keep out than to get out unworthy individuals. A little of the probationary principle is safe in Medical Societies. Still, slight eccentricities of character or manner, or even the absence of a diploma, should not always exclude a good and upright practitioner. Such men will be improved and strengthened by good associations and their future influence thus secured on the side of the profession. Should not qualifications outweigh Diplomas?

What more fitting season than the Centennial Year of our National existence for the Medical Profession of the United States to take a retrospective view of the changes in our own country and in our profession! In many respects, are not the changes and improvements of a century as great in the one as in the other! The year 1876 affords a good land-mark from which to date any needed reform in the history of medicine. And while we aim to elevate our profession and the schools, let us be charitable towards any who may differ with us, remembering that good men can be mistaken, and that it is a law of the universe that great events move slowly. But as individuals, in our appropriate spheres, while we labor and we wait, the thought cheers us, that we can confidently expect the good time certainly coming, when in point of usefulness, our profession shall be equally honored with any other in the land.



